## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
MeToo Ohio	C C00686865	
Check if 24-hour report 48-hour report New report Amends report	t filed on Man / Dab / Yayayay	
Full Name of Payee Majority Strategies LLC	Date of Public Distribution/Dissemination	
Mailing Address 12854 Kenan Dr.	09 13 2018	
Ste. 145	Amount	
City State Zip Code	6520.00	
Jacksonville FL 32258	Transaction ID : SE.4105 Date of Disbursement or Obligation	
Purpose of Expenditure IE-Oppose Sherrod Brown-Digital Ads  Category/ Type  004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support	Office Sought: House District: 00	
BROWN, SHERROD, , ,	President Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought  0.00	Disbursement For: Primary   General  Other (specify)   ☐ Other	
Full Name of Payee	Date of Public Distribution/Dissemination	
Majority Strategies LLC	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 12854 Kenan Dr.	Amount	
Ste. 145		
City State Zip Code	13235.00	
Jacksonville FL 32258	Transaction ID : SE.4106  Date of Disbursement or Obligation	
Purpose of Expenditure IE-Oppose Sherrod Brown-Digital Ads  Category/ Type  004	M M / D D / Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District: 00	
BROWN, SHERROD, , , Oppose	President Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought  0.00	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	19755.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Lisker, Lisa, , ,  [Electronically Filed] Date Signature	09 23 Y 2018	
Oignaturo		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼	
MeToo Ohio	C00686865	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Date of Pub	olic Distribution/Dissemination	
Majority Strategies LLC	/ Do D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 12854 Kenan Dr.  Ste. 145  Amount		
City State Zip Code	2240.00	
Jacksonville FL 32258 <b>Transaction</b>	2249.00 n ID : SE.4107	
Purpose of Expenditure IE-Oppose Sherrod Brown-Digital Media  Category/ Type  004	bursement or Obligation	
Name of Federal Candidate		
BROWN, SHERROD, , ,   Support Office Sought:  President	House District: 00  Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2018 Other (s	Primary	
	olic Distribution/Dissemination	
M M M	/ D D / Y Y Y Y	
Mailing Address Amount		
City State Zip Code		
Date of Dia	hananah au Ohlimatian	
Purpose of Expenditure  Category/ Type  Category/	bursement or Obligation	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Other (	Primary General specify) ▶	
Curci i	Specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	2249.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	22004.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Lisker, Lisa, , ,   [Electronically Filed] Date 09 23		
Signature		